SEP 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 28348
Township — Primary Registration District No. 1001 — Registered No. 931
City St. Joseph, Mo. (No. , Mo Meth Hosp St. Ward)

2. FULL NAME Mrs. Lillie Matthias
(a) Residence, No. ~~Hurin, Kansas.~~ St., Ward. Hurin Ks
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Matthias
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1879
7. AGE: YEARS 55 — MONTHS unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 128
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 156

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Kansas.

FATHER
13. NAME: Fred Kuhn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

MOTHER
15. MAIDEN NAME: Anna Gruner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

17. INFORMANT (ADDRESS): Mr. Geo. Matthias Hurin, Kan.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Atchison, Kan. DATE Aug. 8, 1934
19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc. 1946 Colhoun
20. FILED 8-8- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1934, to Aug. 8, 1934
I last saw her alive on Aug. 7, 1934 Death is said to have occurred on the date stated above, at 12 40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Pancreatitis	Aug 6
2. Heat Prostration	Aug 6.
3. Diabetes Gangrene	July 15
Foot	

Other contributory causes of importance: Diabetes Metitis

Name of operation Amputation Lef Date of Aug 4-34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. S. Conrad, M. D.
(Address) St Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.